1. Syldoud			123997	=	2012 AUG		
A	N OF DEMOLITION				<u> </u>	A T	
I. FACILITY INFORMATION (identify owner, removal contractor, and other operator)						85	
OWNER: Dormitory Authority - State of New York					3		
Address: 5/5 Broadway	Ctatal (5)	zip: /2	2207	-R	ι'n		
city: Albany	State: NY		1-251-4432	2 2	50		
contact: & Car/ Waldenmaier	1 / 1		1-201 1102	<u> </u>	>		
REMOVAL CONTRACTOR: Suburban Restoration Co., Inc.							
Address: P.D. Box 28	States 612F	Zin: AD	α α α		<u></u>		
city: Hauthorne	State: NJ		507-0028	70		\neg	
contact: Roman Markovic			3-427-23	10		\dashv	
OTHER OPERATOR: N/A						\dashv	
Address:				<u>7:</u>	28		
City:	State:	Zip:		- C.	<u>-</u>	\dashv	
Contact:		Tel:		<u> </u>			
II. TYPE OF NOTIFICATION (0 = Origin	al/R = Revised): C)			22		
III.TYPE OF OPERATION (D = Demolition/R = Renovation): R							
IV. IS ASBESTOS PRESENT? (Yes/No) Yes						<u></u>	
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg Name: SUNY PURCHASE Bldg. #45							
Address:							
Address: 735 Anderson Hill Road							
city: Purchase	State: NY	County: We	stchester				
Site location: Various locations					<u> </u>		
Building Size SqMeter:	sqFt: 500,000			Years	. 13		
Present Use: Dormitory	Prior U	se: Dormido	ry ·		THE CHIL	AT CITE	
VI. PROCEDURE, INCLUDING ANALYTICAL OF ASBESTOS MATERIAL:	METHOD, IF APP	ROPRIATE, USE	D TO DETECT	THE P	RESEI	NCE.	
			98 =				
Bulk Sampling					The second		
VII.APPROXIMATE AMOUNT OF RACM TO B	E REMOVED AND N	ONFRIABLE ASB	ESTOS MATERI	IAL TH	AT W	ILL	
NOT BE REMOVED. SPECIFY THE AM	OUNT OF ASBESTO	de depon.	Nonfriable erial Not t	Asbes	tos l	Mat-	
		RACM To	Category I		egor		
		Be Removed	Category 1	T 2	2017		
Pipes - Linear Feet				5	SUV.		
Pipes - Linear Meters				1	_		
Sumface Area - Square Feet	12,924	8,535			N	#1. C	
Surface Area - Square Meters	¥			3	PH		
Volume RACM Off Facility Component - Cubic F	eet				N: 5		
Volume RACM Off Facility Component - Cubic F			24	- 0	<u> </u>	110	
VI II. SCHEDULED DATES OF ASBESTOS R			/X/// Comple		//	/12	
IX . SCHEDULED DATES OF DEMO/RENOVA	TION (MM/DD/YY) Start:	Comple	tion:			

Conmittinued on page two

Figure 1. Notification of Demolition and Renovation

·····		WORK, AND METHOD(S) TO BE USED:
X. DESCRIPTION OF PLANNED DEMOLIT Abatement of 12×12 VAT, make, textured pop icte fed, state and local rules are resul	67h7001	Jan 20 Jan 4, Car 1, 1, 1, 1
XI. DESCRIPTION OF ENGINEERING CON EMISSIONS OF ASSESTOS AT THE D opnite controls and work practices in	VITROLS AND WORK PRADEMOLITION AND RENC	CTICES TO BE USED TO CONTROL EVATION SITE: All applicable and appr furtherance - C
This absterent work.	off be willied in	st properly per sonary
XII. WASTE TRANSPORTER #1	*	
Name: STG, Inc		
Address 59 Pules Lake		
city: New Castle	State: DE	zip: /9720
Contact Person: Dave or Randy		Telephone: \$77-999-9569
WASTE TRANSPORTER #2		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE		
Name: Minerva Landfill	4	
	•	
Address: 9000 Minerva Rd.	State: 0H	zip: 44688
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435		
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-866-3435		zip: 44688 PLEASE IDENTIFY THE AGENCY BELOW:
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-866-3435		
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G	OVERNMENT AGENCY,	
Address: 9000 Minerva Rd, City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name:	OVERNMENT AGENCY,	
Address: 9000 Minerva Rd. city: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY):	OVERNMENT AGENCY,	PLEASE IDENTIFY THE AGENCY BELOW:
Address: 9000 Minerva Rd. city: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY):	OVERNMENT AGENCY,	PLEASE IDENTIFY THE AGENCY BELOW:
Address: 9000 Minerva Rd, City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS	COVERNMENT AGENCY, Title: Date Ord	PLEASE IDENTIFY THE AGENCY BELOW:
Address: 9000 Minerva Rd, City: Daynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe	OVERNMENT AGENCY, Title: Date Ord	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY):
Address: 9000 Minerva Rd, City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever	OVERNMENT AGENCY, Title: Date Ord	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY):
Address: 9000 Minerva Rd, City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe Operations:	Date Ord	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY): Disruption of Industrial
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe Operations: XVI. DESCRIPTION OF PROCEDURES TO 1 FOUND OR PREVIOUSLY NONFRIABLE	Date Order Conditions or Serious BE FOLLOWED IN THE E ASBESTOS MATERIA	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY): Disruption of Industrial EVENT THAT UNEXPECTED ASBESTOS IS L BECOMES CRUMBLED, PULVERIZED,
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe Operations: XVI. DESCRIPTION OF PROCEDURES TO FOUND OR PREVIOUSLY NONFRIABLE OR REDUCED TO POWDER. In the case of the contains of the	Date Ord Title: Date Ord Date Ord Title: Date Ord	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY): Disruption of Industrial EVENT THAT UNEXPECTED ASBESTOS IS L BECOMES CRUMBLED, PULVERIZED, An unexpected asbestor release, State and local rules and regs.
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G. Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe Operations: XVI. DESCRIPTION OF PROCEDURES TO 1 FOUND OR PREVIOUSLY NONFRIABLE OR REDUCED TO POWDER. In the control of the Sudden of Control	Date Order Title: Date Order Date Order Title: Date Order Da	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY): Disruption of Industrial EVENT THAT UNEXPECTED ASBESTOS IS L BECOMES CRUMBLED, PULVERIZED, An unexpected asbestor release, State and local rules and regs.
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G. Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe Operations: XVI. DESCRIPTION OF PROCEDURES TO 1 FOUND OR PREVIOUSLY NONFRIABLE OR REDUCED TO POWDER. In the control of the Sudden of Control	Date Order Title: Date Order Date Order	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY): Disruption of Industrial EVENT THAT UNEXPECTED ASBESTOS IS L BECOMES CRUMBLED, PULVERIZED, an unexpected asbestos release, State and local rules and regs. WISIONS OF THIS REGULATION (40 CFR EMOLITION OR RENOVATION AND EVIDENCE DO BY THIS PERSON WILL BE AVAILABLE
Address: 9000 Minerva Rd. City: Waynesburg Telephone: 303-966-3435 XIV. IF DEMOLITION ORDERED BY A G Name: Authority: Date of Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Ever Explanation of How the Event Caused Unsafe Operations: XVI. DESCRIPTION OF PROCEDURES TO 1 FOUND OR PREVIOUSLY NONFRIABLE OR REDUCED TO POWDER. In the continuous and applications of the Continuous and ap	Date Ord Title: Date Ord Date Ord Title: Date Ord	PLEASE IDENTIFY THE AGENCY BELOW: dered to Begin (MM/DD/YY): Disruption of Industrial EVENT THAT UNEXPECTED ASBESTOS IS L BECOMES CRUMBLED, PULVERIZED, An unexpected asbestor Velease, State and local ruler and regr. VISIONS OF THIS REGULATION (40 CFR EMOLITION OR RENOVATION AND EVIDENCE BY THIS PERSON WILL BE AVAILABLE equired 1 year after promulgation) Advanced Towner/Operator) (Date)

NOTIFICATION OF DEMOLITION AND RENOVATION

@ 52388,

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER: Dormitory Authority-State of New York							
Address: 515 Broadway							
city: Albany	State	NY		zip: /2	207		
contact: & Carl Waldenmaier				Tel: 9/4	1-251	-4432	
REMOVAL CONTRACTOR: Suburban Restoration Co., Inc.							
Address: P.O. Box 28		,					
city: Hauthorne	State	· NJ	Zip: 07507-0028				
Contact: Roman Markovic Tel: 973-427-2370					D		
OTHER OPERATOR: N/A							
Address:							
City:	State	:		Zip:			
Contact:	ontact: Tel:						
II. TYPE OF NOTIFICATION (0 = Original/	R = Rev	ised): 💋)				
III.TYPE OF OPERATION (D = Demolition/R =	= Renova	tion): /					
IV. IS ASBESTOS PRESENT? (Yes/No) Yes							
V. FACILITY DESCRIPTION (Include buildi	ng name	, number a	and f	loor or room	n number)	
Bldg Name: SUNY PURCHASE Bldg. #45							
Address:		,					
Address: 735 Anderson Hill Road							•
Site Location: Various locations				-			
Building Size SqMeter: SqFt: 500,000 # of Floors: 3 Age in Years: ±50						Years: ±50	
Present Use: Dormitory							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Bulk Sampling							
VII.APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL							
NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW. Nonfriable Asbestos Mat-							
erial Not to Be Remove RACM TO					Be Removed		
			Ве	Removed	Categ	ory I	Category II
Pipes - Linear Feet							
Pipes - Linear Meters							
Surface Area - Square Feet			8,535				
Surface Area - Square Meters							
Volume RACM Off Facility Component - Cubic Feet							
Volume RACM Off Facility Component - Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: 6/22/1/ Completion: 6/21/12							
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: Completion:							

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Abatement of 12x12 VAT, make, textured popular ceilings, dry well joint compaint, via all necessary and approprice fed, state and 10 cal rules and negulation					
XI. DESCRIPTION OF ENGINEERING CONTROLS EMISSIONS OF ASBESTOS AT THE DEMOLI opride controls and work practices will be this abotement work.	S AND WO	ORK PRACTIC	ES TO BE USED TO CONTROL ON SITE: All a malicalde and appro-		
apricte controls and work practices will be	e utiliz	red in furt	because of property performing		
V 1, 1 1, 1 1, 1 1, 1 1, 1 1, 1 1, 1 1,			1.1.//		
XII. WASTE TRANSPORTER #1					
Name: STG, Inc		•			
Address 58 Pyles Lake					
city: New Cartle	State:	DE	zip: /9720		
Contact Person: Dave or Randy			Telephone: \$77-989-9559		
WASTE TRANSPORTER #2					
Name: N/A					
Address:					
City:	State:		Zip:		
Contact Person:			Telephone:		
XIII. WASTE DISPOSAL SITE					
Name: Minerva Landfill			70 C C C C C C C C C C C C C C C C C C C		
Address: 9000 Minerva Rd.					
City: Waynesburg	State: (OH	zip: 44688		
Telephone: 303-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERN	MENT AG	ENCY, PLEAS	SE IDENTIFY THE AGENCY BELOW:		
Name:		Title:			
Authority:		-			
Date of Order (MM/DD/YY):	J	Date Ordered	to Begin (MM/DD/YY):		
XV. FOR EMERGENCY RENOVATIONS					
Date and Hour of Emergency (MM/DD/YY):					
Description of the Sudden, Unexpected Event:					
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial					
Operations:					
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. In the unlikely event of an unexpected asbestor velease or otherwise, all he cessary and applicable federal, state and local rules and regs.					
or otherwise, all necessary and applicable tederal, state and local rules and regs. will be followed to contain such an unlikely event property					
XVII.I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)					
(Signature of Owner/Operator) (Date)					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
(Signature of Owner/Operator) (Date)					